

APPLICATION DATA SHEET

Application Information

Application Number::	Not yet assigned
Filing Date::	April 16, 2004
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?::	
Number of Copies of CFR::	
Title::	ARRANGEMENT FOR A SINGLE-GRIP MIXING FAUCET BEING OPERATED BY TURNING ONLY
Attorney Docket Number::	31443-202828
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	10
Total Drawing Sheets::	
Small Entity?::	
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.::	

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Hungarian
Country:: Hungarian
Status:: Full Capacity
Given Name:: György
Middle Name::
Family Name:: BOLGÁR
Name Suffix::
City of Residence:: Budapest
State or Province of Residence::
Country of Residence:: Hungary
Street of Mailing Address:: Nagybányai út 57/A
City of Mailing Address:: Budapest
State or Province of Mailing Address::
Country of Mailing Address:: Hungary
Postal or Zip Code of Mailing Address:: H-1025

Applicant Authority Type:: Inventor
Primary Citizenship:: Hungary
Country:: Hungary
Status:: Full Capacity
Given Name:: Attila
Middle Name::
Family Name:: KOVÁCS
Name Suffix::
City of Residence:: Érd
State or Province of Residence::
Country of Residence:: Hungary

Street of Mailing Address:: Gárdonyi G. u.36
City of Mailing Address:: Érd
State or Province of Mailing Address::
Country of Mailing Address:: Hungary
Postal or Zip Code of Mailing Address:: H-2030

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer 26694
Number::

Phone Number:: (202) 344-4000

Fax Number:: (202) 344-8300

E-Mail Address:: rkinberg

Representative Information

Representative Customer 26694
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Hungary	P 0301021	April 16, 2003	Yes

Assignee Information

Assignee Name:: KEROX Multipolár II. Ipari és Kereskedelmi Kft.
Street of Mailing Address:: Homokbánya út 77
City of Mailing Address:: Diósd
State or Province of Mailing Address::
Country of Mailing Address:: Hungary
Postal or Zip Code of Mailing Address:: H-2049